

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
POLICEMEN'S AND FIRE FIGHTERS' RETIREMENT FUND

BENEFICIARY DESIGNATION

150 East Main Street  
Lexington, Kentucky 40507

Instructions:

1. You may name one or more persons, estate or a trust or trustee as Primary Beneficiary or as Contingent Beneficiary. The Contingent Beneficiary is the second beneficiary who will be next in line should the Primary Beneficiary die.
2. The Primary Beneficiary section is on this page. The Contingent Beneficiary section is on the back of this page. You must complete both sides of this form. **BE SURE TO COMPLETE THE SIGNATURE SECTION ON THE BACK BOTTOM SECTION OF THIS PAGE.**
3. To name your estate, simply write ESTATE for the name of the beneficiary. To name a trust or trustee, write the name of the trust or trustee for the name of the beneficiary. Give the Federal Tax ID Number, if known, and an address to write to.
4. If you name more than one person as Primary or Contingent Beneficiary, you may designate the percentage of benefits each is to receive. If you do not specify percentages, benefits will be evenly divided. If you need more space, provide the information on an additional sheet of paper and attach it to this form.

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**PRIMARY BENEFICIARY SECTION**

Name of Persons,  
Trust or Trustee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Percentage: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\* To Name Additional Primary Beneficiary, Continue \*\*\*

Name of Persons,  
Trust or Trustee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Percentage: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

CONTINGENT BENEFICIARY SECTION AND SIGNATURE SECTION  
ARE ON THE BACK OF THIS PAGE  
BE SURE TO COMPLETE BOTH OF THESE SECTIONS!!

## CONTINGENT BENEFICIARY SECTION

Name of Persons,  
Trust or Trustee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Percentage: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\* To Name Additional Contingent Beneficiary, Continue \*\*\*

Name of Persons,  
Trust or Trustee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Percentage: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Persons,  
Trust or Trustee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Percentage: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

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## \*\*SIGNATURE SECTION\*\*

Member's Social Security # \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Spouse's Signature : \_\_\_\_\_ Print Name \_\_\_\_\_  
(If Married)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

